

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		5/5/99
O.I.P.E. CLASSIFIER		48	5/10/99
FORMALITY REVIEW		70008	5-13-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	10/2/97
2	9/24/01
3	9/24/01
4	9/24/01
5	9/24/01
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49	9/24/01
50	9/24/01

Claim	Date
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Claim	Date
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If more than 150 claims are taken, staple additional sheet here

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